



CITY OF ROCHESTER

Bureau of Human Resource Management

Employment / Exam Application

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PLEASE TYPE OR PRINT IN BLACK INK

Position/Exam applying for: _____		Exam #: _____	
Name: _____		SS#: _____	
Last	First	Middle	
State any other name by which you have been known: _____			
Residence Address: _____			
<small>Street (PO Box is not acceptable, must use current home address)</small>		<small>City</small>	<small>State</small> <small>Zip</small>
Mailing Address: _____			
<small>Street (if different from Residence Address)</small>		<small>City</small>	<small>State</small> <small>Zip</small>
Home Phone: (____) _____		Work Phone: (____) _____	
Are you at least 18 years of age: Yes <input type="checkbox"/> No <input type="checkbox"/> UNDER 18 MUST SUBMIT A WORK PERMIT.			
If applying for Police Officer or Firefighter positions, please indicate date of birth: _____			
Are you a current employee of the City of Rochester? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Driver's License #: _____		State Issued: _____ Class: _____	
Restrictions: _____		Endorsements: _____	
Have you served in the US Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/> Dates of active service: From: _____ To: _____			
Veterans of the Armed Forces and Active Duty members soon to be discharged wishing to claim additional examination credits as veterans or disabled veterans must submit an application form VC-1 and a copy of their discharge papers (form DD-214).			
Have you ever been permanently appointed or promoted in the service of the State of New York, or any of its civil divisions, as a result of additional veterans credits granted to you on an eligible list? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, name agency that established the eligible list: _____			
Are you a child of a City of Rochester Firefighter or Police Officer killed in the line of duty? Yes <input type="checkbox"/> No <input type="checkbox"/>			
TO BE COMPLETED BY CIVIL SERVICE EXAM APPLICANTS ONLY:			
Special Testing Arrangements - Check if you require special testing arrangements: <input type="checkbox"/> (Attach explanation) See back of application for details.			
Applicant Statement:			
I declare that all statements made in this application (and any accompanying attachments) are true and complete to the best of my knowledge. Any false statements made on this application or in subsequent interviews will result in immediate rejection or discharge from employment. I authorize the City of Rochester to contact school/college and former employers cited in this application or attachments in order to verify work record and/or educational credentials. I understand that acceptance of this application by the City of Rochester does not constitute or imply a commitment or willingness to offer employment to me in this or any other position.			
SIGNATURE: _____		Date: _____	
FOR OFFICE USE ONLY - DO NOT WRITE BELOW			
Minimum Qualifications: _____		INITIALS/DATE: _____	
APPROVED <input type="checkbox"/>	Comments: _____		
DISAPPROVED <input type="checkbox"/>	_____		
Second Review: INITIALS/DATE: _____		Promo. Eligibility: INITIALS/DATE: _____	
APPROVED <input type="checkbox"/>		APPROVED <input type="checkbox"/> Seniority Points: _____	
DISAPPROVED <input type="checkbox"/>		DISAPPROVED <input type="checkbox"/> CS Date: _____	

Do you have any outstanding N.Y.S. Guaranteed Student Loan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, are you currently in default on any such loan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a U.S. Citizen or a legal alien who has the right to work in the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you an exempt Volunteer Firefighter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will you accept part-time work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will you accept temporary work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been discharged from public or any other employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please explain: _____		

Education		State the highest grade completed: _____	
Have you received a High School Diploma?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, have you received a GED ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Education Above High School:			
Name of School	Location (City, State)	Course or Major	Credits Completed Sem. Hrs. Qtr. Hrs.
			Degree Received (Circle One)
_____	_____	_____	AS BS/BA MA _____
_____	_____	_____	AS BS/BA MA _____
_____	_____	_____	AS BS/BA MA _____

Additional Related Training			
Other relative training you have completed. Please estimate training hours received.			
School/Institution	Location (City, State)	Course or Program	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

License and/or Certification		Is this certification permanent? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Skill, Trade or Profession: _____	License/Certificate #: _____		
Name of Issuing Agency: _____	Valid From: _____	To: _____	
		Is this certification permanent? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Skill, Trade or Profession: _____	License/Certificate #: _____		
Name of Issuing Agency: _____	Valid From: _____	To: _____	

Attach any additional sheets as necessary. Be sure to include all information requested.

An Equal Opportunity Employer / American Disabilities Act (EEO / ADA)

Work Experience

DO NOT SUBSTITUTE A RESUME FOR THIS SECTION. There is an additional form on the back of this page.

Listing your most recent job first, please describe all duties performed which are relevant to the position for which you are applying. To receive credit for a job, you must complete all information requested, including job title, employer and supervisor's name and address, duties, specific dates (month/day/year) and hours per week. You may also attach additional sheets as necessary, but please be sure to include all information as requested on this form.

Job Title: _____ Start Date: _____ End Date: _____ Hrs/ Wk: _____
(Month/Day/Year) (Month/Day/Year)

Employer's Name: _____ Supervisor's Name: _____

Employer's Address & Phone: _____

Duties: _____

Reason for leaving: _____

Job Title: _____ Start Date: _____ End Date: _____ Hrs/ Wk: _____
(Month/Day/Year) (Month/Day/Year)

Employer's Name: _____ Supervisor's Name: _____

Employer's Address & Phone: _____

Duties: _____

Reason for leaving: _____

Job Title: _____ Start Date: _____ End Date: _____ Hrs/ Wk: _____
(Month/Day/Year) (Month/Day/Year)

Employer's Name: _____ Supervisor's Name: _____

Employer's Address & Phone: _____

Duties: _____

Reason for leaving: _____

Job Title: _____ Start Date: _____ End Date: _____ Hrs/ Wk: _____
(Month/Day/Year) (Month/Day/Year)

Employer's Name: _____ Supervisor's Name: _____

Employer's Address & Phone: _____

Duties: _____

Reason for leaving: _____

Work Experience (Con't)

Job Title: _____ Start Date: _____ End Date: _____ Hrs/ Wk: _____
(Month/Day/Y ear) (M onth/D ay/Y ear)

Employer's Name: _____ Supervisor's Name: _____

Employer's Address & Phone: _____

Duties: _____

Reason for leaving: _____

Job Title: _____ Start Date: _____ End Date: _____ Hrs/ Wk: _____
(Month/Day/Y ear) (M onth/D ay/Y ear)

Employer's Name: _____ Supervisor's Name: _____

Employer's Address & Phone: _____

Duties: _____

Reason for leaving: _____

Job Title: _____ Start Date: _____ End Date: _____ Hrs/ Wk: _____
(Month/Day/Y ear) (M onth/D ay/Y ear)

Employer's Name: _____ Supervisor's Name: _____

Employer's Address & Phone: _____

Duties: _____

Reason for leaving: _____

Job Title: _____ Start Date: _____ End Date: _____ Hrs/ Wk: _____
(Month/Day/Y ear) (M onth/D ay/Y ear)

Employer's Name: _____ Supervisor's Name: _____

Employer's Address & Phone: _____

Duties: _____

Reason for leaving: _____

Special Arrangements for Examination

If you need special arrangements because you are unable to be tested on the date of the examination(s) due to religious reasons, or if you have a disability that requires you to have special accommodations for you to participate in an examination, you must check the box on the front of this application and attach an explanation of the reason why you are unable to take the examination as scheduled and submit supporting documentation, if available.

Requests for alternate test dates that are made for non-emergency situations must be submitted to the Examination Administration section of Human Resource Management no later than ten (10) working days prior to a scheduled examination date (or a scheduled subtest date). For emergency situations, the candidate must notify the Examination Administration section of the need for an alternate test date no later than the Tuesday following the scheduled Saturday test date. The Examination Administration Section will notify candidates regarding the status of their request for an alternate test date. Approved candidates will be notified of the date, time and location of an alternate examination.

Application Fee for Examination

Your application fee will NOT be refunded if you do not meet the minimum requirements of the job you are applying for or if you fail to appear for the exam. Compare your qualifications carefully to the requirements stated on the announcement and apply only for those examinations for which you are clearly qualified.

Your application will not be reviewed until payment is received. Payment made payable to "CITY TREASURER" must be submitted with an Exam Application Fee Statement to the City Treasurer's Office. Fee statement forms may be obtained in the Bureau of Human Resource Management, City Hall, Room 103A. The deadline for fee submission is the Final Filing Date on the Exam Announcement.

APPLICANT DATA RECORD

This form will be filed separately from your application and kept confidential.

PLEASE PRINT: Name _____
Last First Middle

Conviction Statement

CONVICTION EXPLANATION: Please read entire section, then answer conviction question below.

YOU **MUST** INCLUDE:

1. Alcohol-related driving convictions and reckless driving convictions.
2. All levels of convictions classified as violations, misdemeanors, or felonies.
3. Records from any violation or crime for which you received a conditional discharge (CD).

DO NOT INCLUDE:

1. Parking violations or traffic infractions.
2. Conviction records sealed by court, including juvenile court records, juvenile offender, youthful offender, or other sealed records.
3. Records for a violation or crime for which you have received adjournment in contemplation of dismissal (ACD).

A criminal record will not necessarily deny you an opportunity for employment. Your record will be evaluated in relation to the job for which you are applying. HOWEVER, FAILURE TO LIST A CONVICTION will be cause for disqualification based upon your untruthfulness. If you are not certain of the details of a conviction, list the information you do know - do not omit it.

Have you ever been convicted of a violation of law? Yes * ☐ No ☐ *If yes, include violations & dates in space below.

LIST VIOLATIONS AND DATES:

Completion of this section is voluntary. This information is not for selection purpose, but only to assist the City of Rochester in the administration of its Affirmative Action Program and compliance with the Americans with Disabilities Act.

Position/Exam applying for: _____ Exam #: _____

Date of Birth: _____

Gender: Male ☐ Female ☐

Race/Ethnicity: White ☐ Black ☐ Hispanic ☐ Asian or Pacific Islander ☐ Native American ☐

Do you have a Disability/Handicap? Yes ☐ No ☐

Are you a Vietnam Veteran? Yes ☐ No ☐

How did you learn of this position or examination opportunity? (Please check one)

- | | | |
|--|---|--|
| <input type="checkbox"/> Affirmative Action Office | <input type="checkbox"/> College Placement Office | <input type="checkbox"/> Community Organization |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> NYS Job Service | <input type="checkbox"/> Printed public announcement |
| <input type="checkbox"/> Private Employment Agency | <input type="checkbox"/> Radio | <input type="checkbox"/> Relative/friend |
| <input type="checkbox"/> Television | <input type="checkbox"/> Veterans Organization | <input type="checkbox"/> Website |

Other: _____